



**DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH**

**OFFICE OF LEAD POISONING PREVENTION
HEALTH SYSTEMS PROTECTION
P.O. Box 637, Dover, DE, 19903**

Phone: (302) 739-4731 Contact: Russell R. Dynes

Application for Lead Certification

Individual/ Company Name: _____

Complete Mailing Address: _____

Social Security Number: _____ - _____ - _____ Federal EI#: _____ (if applicable) Date of Birth: ____/____/____

Phone #: _____ Fax #: _____ Mobile/Beeper #: _____

Check the type of certification(s) for which you are applying:

☐ Individual ☐ Contractor/Firm ☐ Training Provider ☐ Re-certification

<u>Contractor/Firm</u>	<u>Individual</u>	<u>Training Provider</u>
<input type="checkbox"/> Lead-Based Paint Activities.....\$50.00	<input type="checkbox"/> Inspector.....\$50.00 <input type="checkbox"/> Risk Assessor.....50.00 <input type="checkbox"/> Supervisor.....50.00 <input type="checkbox"/> Project Designer.....50.00 <input type="checkbox"/> Abatement Worker.....25.00	<input type="checkbox"/> Inspector.....\$200.00 <input type="checkbox"/> Risk Assessor.....200.00 <input type="checkbox"/> Supervisor.....200.00 <input type="checkbox"/> Project Designer.....200.00 <input type="checkbox"/> Abatement Worker.....200.00

Payment in full must be sent along with Application and required materials. Please make check or money order payable to "Division of Public Health". **Application fees are non-refundable.**

Signature _____ **Date** _____

This Application is in compliance with and subject to the provisions of the State of Delaware Regulations Governing Lead-Based Paint Hazards, adopted July 15, 1998, by the Secretary of Delaware Health & Social Services, under the authority of 16 DE Code, Chapter 1, §122(3)(t); Date of Effect August 11, 1998.

OFFICE USE ONLY	Certificate #	Issue Date	Effective Date	Expiration Date
	Authorized Signature / Date		Supervisor Initial	Total Fee(s)